

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010367

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 35

FILED APR 2 1962

1. PLACE OF DEATH a. COUNTY <b>Dent</b> County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Salem, Missouri</b>		c. CITY OR TOWN <b>Salem, Missouri</b>	
Length of stay in 1b <b>3 months</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>East Inman St. Salem Mo</b>		d. STREET ADDRESS (If outside, give location) <b>East Inman St. Salem, Mo</b>	
3. NAME OF DECEASED (Type or print) First <b>Dovie</b> Middle <b>Ethel</b> Last <b>Rolsten</b>		4. DATE OF DEATH Month <b>March</b> Day <b>25</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-23-1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nursing</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Practical Nursing</b>	
13a. FATHER'S NAME <b>James Gibbs</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hight</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		17. INFORMANT Address <b>Mrs. Vernon Finch Salem, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary vascular renal disease</b> <b>Hodgkins Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b> <b>?</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <b>3-12-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>3-25-62</b>		20f. CITY, TOWN, OR LOCATION <b>Salem, Mo</b>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>7:45 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>Salem, Mo</b>	
22a. SIGNATURE <b>J. D. H. Kent</b> (Degree or title)		22c. DATE SIGNED <b>3/27/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-27-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cemetery</b>	
24. FUNERAL DIRECTOR <b>SPENCER FUNERAL HOME INC.</b>		23d. LOCATION (City, town, or county) <b>Salem, Missouri</b>	
25. DATE RECD. BY LOCAL REG. <b>3/27/62</b>		26. REGISTRAR'S SIGNATURE <b>M. M. D. M. S. M. S.</b>	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300  
Rev. 4/59

10331

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APR 3 1962

APR 17 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Carl H. Spencer*

Licensed Embalmer No. \_\_\_\_\_

*2320*

P. O. Address \_\_\_\_\_

*Salina Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.